



## Green Energy Program Grant Application

Division of Energy and Climate

1203 College Park Drive, Suite 101, Dover, DE 19904

Phone: (302) 735 - 3480 & Fax (302) 739 - 1840

## Wind Turbine

Residential

Commercial

Non-Profit


### Applicant Information

Name / Company:

Email:

Daytime Phone:

Evening Phone:

Installation Address:

City:

State:

Zip code:

Mailing Address:

City:

State:

Zip code:

Electric Utility:

Last 12 Months kWh Usage:

### Rebate Recipient (If other than applicant)

Name / Company:

Email:

Daytime Phone:

Evening Phone:

Mailing Address:

City:

State:

Zip code:

Please transfer this grant payment to the above named company or individual. I understand that I will not receive the grant payment for this project:

**Applicant Signature:**

### Contractor:

Name / Company:

DE Business License #

Email:

Daytime Phone:

Mailing Address:

City:

State:

Zip code:

### Licensed Installation Professional (Master Electrician installing system)

Name of Master Electrician:

DE Business License #

Email:

Professional License #

Daytime Phone:

Professional License Issuing State:

Mailing Address:

City:

State:

Zip code:



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# Wind Turbine

**Applicant Name:**

### System Characteristics

Installation type (Check one): ☐ New Construction ☐ Existing Construction ☐ PPA  
 System Type (Check one): ☐ Utility Interconnected ☐ Utility Interconnected w/ battery  
 Installation type: Check one ☐ Rooftop ☐ Ground mount

Average Wind Speed at Turbine Site: \_\_\_\_\_ mph Wind Data Source: \_\_\_\_\_  
 Turbine Manufacturer: \_\_\_\_\_ Turbine Model # \_\_\_\_\_  
 Turbine Power Rating: \_\_\_\_\_ (Specify AC or DC Watts) Number of Turbines: \_\_\_\_\_  
 Total System Size: \_\_\_\_\_ (Number of Wind turbines x Power Rating AC or DC Watts)  
 Turbine Location: \_\_\_\_\_ Turbine Hub Height (ft) \_\_\_\_\_  
 Inverter Manufacturer: \_\_\_\_\_ Inverter Model # \_\_\_\_\_  
 Inverter Power Rating (AC Watts): \_\_\_\_\_  
 Inverter Efficiency: \_\_\_\_\_ Inverter Location: \_\_\_\_\_  
 System Rated Output (AC Watts): \_\_\_\_\_  
 Estimated Annual Production (kWh): \_\_\_\_\_ (list method of calculation) \_\_\_\_\_

### System Cost

Material Cost: \_\_\_\_\_ Permits: \_\_\_\_\_  
 Labor Cost: \_\_\_\_\_ Other Fees: \_\_\_\_\_ **Total System Cost:** \_\_\_\_\_

### Rebate Calculation: Grants may not exceed the Grant Cap

Residential, Non-Residential, PPA	Non-Profit
(1) First 5000 watts (W) x \$1.25/(W)	(1) First 5000 watts (W) x \$2.55/(W)
(2) Second 5000 (W) x \$0.75/(W)	(2) Second 5000 (W) x \$1.50/(W)
(3) 10,001 - 100,000 (W) x \$0.35/(W)	(3) 10,001 - 100,000 (W) x \$0.70/(W)
Total Request: (1) + (2) + (3)	Total Request: (1) + (2) + (3)

### Declaration

#### I understand and certify that:

- 1) the information provided on this form is accurate
- 2) the above described system is intended to offset part or all of the applicants electricity needs at the installation site
- 3) the site of installation is located in the utility service territory as described on page 1 of the application
- 4) the State of Delaware and its agents provide no warranty for this system
- 5) all warranties are provided by the installing contractor and include minimum coverage of at least 5 years parts and labor
- 6) the applicant has received a copy of this completed form
- 7) requests for wind turbine funding are limited to systems 50 kW and under. Splitting systems by meter or otherwise to remain under the 50 kW limit is not acceptable and these projects will not be approved for funding.
- 8) completed grants may be queued for payment pending availability of funds and the wait for payment could be lengthy

### Signatures

**Purchaser**

**Contractor**

Printed Name:

Printed Name:

Signature :

Signature: